

form members of Congress, and also the medical profession, concerning legislation related to public health and medical practice interests and standards."

*United Public Health League.*—At the second meeting, held in Salt Lake City on January 29, 1944, the tentative name, "Western States Public Health League," was changed to "United Public Health League." A statement of the principles adopted at that meeting follows:

#### STATEMENT OF PRINCIPLES

Believing that the public health and welfare of the people of the United States demand that the medical profession promote a closer coördination between the profession and all branches of the Federal Government; and

Believing that Federal legislators and officials are not being kept adequately informed of the problems inherent in the furnishing of adequate medical care and the maintenance of high professional standards, we the founders of the United Public Health League do hereby adopt the following principles, which shall govern and guide the operation of the League:

1. The purposes and objects of the United Public Health League shall be those set forth in the Constitution and By-Laws of the League, namely, as follows:

(a) To educate the public to the proper evaluation of medicine, dentistry, nursing and the allied health sciences;

(b) To make social, economic and other studies pertaining to the preservation of the public health and the care and treatment of the sick and injured;

(c) To gain the enactment of Federal legislation effecting the greater usefulness of ethical medicine, dentistry, nursing and the allied health sciences;

(d) To protect the public health, particularly by suggesting and supporting desirable forms of legislation and by opposing objectionable forms of medical, dental, and public health legislation submitted to the Congress of the United States;

(e) To protect the public against quackery and patented nostrums, fraudulent advertising and the medical practices of unqualified persons and groups;

(f) To support those agencies having public health duties and functions in their efforts to reduce the prevalence of disease and disability and to promote the health of the people;

(g) To protect qualified persons, institutions and agencies engaged in the care and treatment of the sick against unjust encroachment upon their functions and activities.

2. It shall be the policy of the United Public Health League to coöperate with all allied ethical professional groups or other organizations which have mutual interests.

3. Recognizing the splendid achievements of the American Medical Association and its component societies in the fields of medical science, education, and research, it is specifically affirmed that it is not the purpose of the United Public Health League to enter into competition with any of these societies, but only to supplement their present activities.

#### *Association of American Physicians and Surgeons:*

The other newly formed organization to which attention is called is the "Association of American Physicians and Surgeons," brought into being on December 1, 1943, by the Lake County Medical Society of Indiana, with headquarters at Gary, Ind. On page 8 of its 12 by 19 inch tabloid *News* release,

it is stated that a copy of *News of A. A. P. S.* has been mailed to every physician in the United States. No matter what personal reactions of physicians may be to the Lake County plan, it cannot be denied that Vol. 1, No. 1, of the *News* publication contains much thought-provoking matter. Here only one excerpt is given:

#### "Not a 'Doctors' Union'"

"Asked if the new organization is not a 'Doctors' Union,'" Waterson [executive secretary] said that "The description is not accurate, if current usage of the term 'union' implies a willingness to strike, because the ethical standards of physicians will never permit them to withhold their services for any cause from those in need of medical care.

"If, however," he said, "a union is interpreted to be an organization that protects the public from the low quality of medical care unfailingly delivered by bureaucratically regimented physicians under systems of compulsory health insurance; if a union is an association of doctors who refuse to permit sickness and human suffering to be thrown into the political pork barrel; if a union is an organization of physicians who refuse, in the public interest, to participate in political schemes that rob them and their patients of the freedom that is guaranteed them by the Constitution—then the Association of American Physicians and Surgeons is a union."

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**This Year's American Medical Association House of Delegates Is Confronted With Serious Work.**—In view of activities such as the foregoing, the opinion may be expressed that when the House of Delegates of the American Medical Association meets in Chicago on June 12 to 16, 1944, its members will be called upon to do something more than merely pass resolutions. At that time, if steps are not taken to *actively implement* existing or newly constituted bodies of the American Medical Association that are concerned with the issues involved, it is possible, nay probable, that other organizations—now existing or yet to be formed—will take up the work to maintain in militant manner, through measures such as have been referred to, the efficient public health and medical standards to which the people of the United States are entitled.

#### MATERNITY-PEDIATRIC PROGRAM OF FEDERAL CHILDREN'S BUREAU

**Explanation of Present Comment.**—Much comment has been made in CALIFORNIA AND WESTERN MEDICINE on the procedures of the maternity-pediatric program of the Children's Bureau of the United States Department of Labor and the implications relating thereto.\* And additional reference is now made to call attention to the procedure adopted by the Sacramento County Medical Society (Sacramento Society for Medical Improvement) which appears in CALIFORNIA AND WESTERN MEDICINE for January, on page 31. The

\* A list of references appeared in CALIFORNIA AND WESTERN MEDICINE: December, 1943, page 342; January, 1944, page 31.

members of that component county unit affirm that they are prepared to give gratuitous service to the wives and infants of enlisted men, and prefer to do this rather than accept the arbitrary fee schedule inflicted upon the medical profession of the United States by the Federal Children's Bureau. The blank forms which the Sacramento Society has drafted are also designed to make it possible for the wives to secure, without cost, such hospitalization as may be available under the plan put out by the Children's Bureau. As a side-comment, it is of interest to note that the appropriations by Congress made no provision to compensate the different States for the printing, clerical, administrative and other expense they were put to in carrying forward the Federal program.

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**California's Money Contribution.**—In California the sum is large. A tentative cost of the Federal program that has been falling directly upon the treasury of California is about \$85,000, such to cover a period of twelve months. To this should be added about \$15,000 that has been transposed from Federal child welfare activities that have been in successful operation since 1918, and which it has been necessary to set aside.

Worthy of the attention of Congressmen is the fact, that these extra expenditures by the various States are necessary largely because of the complicated checking and cross-checking of Federal Children's Bureau's paper forms and reports. Before Congress, the Bureau's representative presumably gave the impression that their present plan, that is so obnoxious to physicians, conserves Federal moneys. Is such the case, when the extra expenditures of the States are included? Would it not be less expensive, in the long run, if the payments were made direct to the wives, thus doing away with all these annoying and uncalled-for bureaucratic paper reports and procedures? Why not place all the facts before the national legislators?

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**A Variable Fee Table: What Maine Advises.**—The fee table promulgated by the Federal Children's Bureau varies in different States, according as its representatives have been able, supposedly, to induce authorities in the different commonwealths to undercut established maternity and pediatric fee schedules.

In Maine, for instance, instead of the fifty-dollar fee allowed for California, the stipend to attending physicians is thirty-five dollars.

In the *Journal of the Maine Medical Association* for January, appears a report of its Committee on Maternal and Child Welfare, containing the following paragraph worthy of the attention of members of the California Medical Association:

"Before agreeing to care for a patient under this plan, the physician should explain to her exactly where she stands. She cannot plan to have luxuries on the strength of having no doctor's bill to pay. She cannot have a private room when ward care is obtainable, nor can she have a private nurse unless authorized for good reason. She cannot call

the physician to her home at Government expense, nor can she expect later to call him to the baby to explain trifling symptoms. In short, the plan gives her and her baby necessary care, without frills. Unless the doctor explains this carefully, some unreasonable patients will impose on him."

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**Children's Bureau's Multitudinous Rules.**—In connection with the plan of the Federal Children's Bureau, members of the Association should not fail to scan—it would take almost too much time to read—the multitudinous rules and regulations which the select circle in the Federal Children's Bureau in Washington, D. C., has seen fit to present to the medical profession of the United States. These are printed in small type in *The Journal of the American Medical Association* for January 22, 1944, on pages 241-246 inclusive. Inspection of the same should convince readers concerning the kind of medical practice that will obtain in the days to come in case the Wagner-Dingell-Murray bill (S. 1161; H. R. 2861) is enacted.

At the annual conference of State Association secretaries and editors, held at the American Medical Association headquarters in Chicago on November 20 and 21, 1943, the Federal Children's Bureau program was one of the topics on the program. *The Journal of the American Medical Association* for January 15, 1944, on pages 171-178, presents the paper by Dr. L. Fernald Foster of Michigan and the comments which followed. The recital of California's experience with the Children's Bureau's representative, Dr. Edwin F. Daily, appears in the current issue of CALIFORNIA AND WESTERN MEDICINE, on page 77 (Item XLIII).

#### CALIFORNIA MEDICAL ASSOCIATION'S PUBLIC RELATIONS SURVEY OF CALIFORNIA

**The Survey Has Been Made.**—By now, component county societies and members who are interested in the rapidly moving legislative procedures related to adequate medical care, as proposed in Social Security plans such as the Wagner-Murray-Dingell bill (S. 1161; H. R. 2861), are aware that the Council of the California Medical Association authorized a survey,\* in an effort to secure accurate information on the attitude of California citizens concerning the medical profession and proposed Federal legislation of a socialized medicine nature.

In CALIFORNIA AND WESTERN MEDICINE for January, on page 5, a brief progress report was given. To permit those who are interested—and every member of the California Medical Association should be very much concerned—Item 5 of the minutes of the 314th meeting of the California Medical Association Council, which will appear in full in the March number of CALIFORNIA AND WESTERN MEDICINE, is presented in advance so that readers may have further information as to the survey that has been made.

\* References to Council minutes in CALIFORNIA AND WESTERN MEDICINE: August, 1943, Item 9 on page 173; November, 1943, Item 5 on page 273.